

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEW LEADERSHIP FOR OHIO</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00586867	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Old Towne Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2016</b>		
Mailing Address <b>PO Box 31150</b>			Amount <b>7331.50</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22310</b>	Transaction ID : <b>WFT2016119830-1</b>		
Purpose of Expenditure Advertisement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>Strickland Ted</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>562076.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Old Towne Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2016</b>		
Mailing Address <b>PO Box 31150</b>			Amount <b>7331.50</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22310</b>	Transaction ID : <b>WFT2016119827-1</b>		
Purpose of Expenditure Advertisement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>Sittenfeld PG</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>562076.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>14663.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>14663.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

May Jennifer

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 29 / 2016**

Signature